

*Text in **BLACK** automatically populates when the document is created in CWS/CMS, including case plan update documents you have already created, i.e. the Case Plan Update Family Assessment and the Out-of-Home Care Information Update document(s). If information was omitted from case plan update documents when they were created, it can be added here by following instructions under each heading. Complete your document by referring to the sections in this document with **GREEN** text.*

**CHILD WELFARE SERVICES CASE PLAN UPDATE - [COURT]
CASE PLAN FAMILY ASSESSMENT - [COURT]**

VERSION :Updated Case Plan

FAMILY ASSESSMENT PARTICIPANTS

PARENTS/GUARDIAN

<u>Name</u>	<u>Date Of Birth</u>	<u>Lang./Ethnicity</u>	<u>Relationship/To</u>
Mother's Name	00/00/0000	English/ Black*	Mother (Birth)/ Child A Child B

CHILD(REN)

<u>Name</u>	<u>Date Of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Court Number</u>
Child A	00/00/0000	XX y	F	CK00000
0000-0000-0000-0000000				
Child B	00/00/0000	XX y	M	CK00000

CASE PLAN GOAL

<u>Name</u>	<u>Case Plan Goal</u>	<u>Projected Goal Completion Date</u>
Child A	Return Home	00/00/0000
Child B	Return Home	00/00/0000

REFERRAL HISTORY

Referral Date:	04/09/2002	Referral Id #	0000-0000-0000-0000000	
	<u>Date Of</u>			<u>Allegation</u>
<u>Client Name</u>	<u>Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Disposition</u>
Child B	00/00/0000	Mother's Name	Physical Abuse	Unfounded

Referral Date:	10/04/2005	Referral Id #	0000-0000-0000-0000000	
	<u>Date Of</u>			<u>Allegation</u>
<u>Client Name</u>	<u>Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Disposition</u>
Child B	00/00/0000	Mother's Name	General Neglect	Substantiated
Child A	00/00/0000	Mother's Name	General Neglect	Substantiated

Referral Date:	12/14/2005	Referral Id #	0000-0000-0000-0000000	
	<u>Date Of</u>			<u>Allegation</u>
<u>Client Name</u>	<u>Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Disposition</u>
Child B	00/00/0000	Mother's Name	Physical Abuse	

Referral Date:	10/29/2007	Referral Id #	0000-0000-0000-0000000	
	<u>Date Of</u>			<u>Allegation</u>
<u>Client Name</u>	<u>Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Disposition</u>
Child B	00/00/0000	Other Relative	At Risk, sibling abused	Unfounded
		Mother's Name	General Neglect	Substantiated
Child A	00/00/0000	Other Relative	At Risk, sibling abused	Unfounded
		Mother's Name	General Neglect	Substantiated

Referral Date:	11/08/2010	Referral Id #	0000-0000-0000-0000000	
	<u>Date Of</u>			<u>Allegation</u>
<u>Client Name</u>	<u>Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Disposition</u>
Child B	00/00/0000		At Risk, sibling abused	Unfounded
Child A	00/00/0000		Sexual Abuse	Unfounded

Referral Date:	04/19/2011	Referral Id #	0000-0000-0000-0000000	
	<u>Date Of</u>			<u>Allegation</u>
<u>Client Name</u>	<u>Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Disposition</u>
Child B	00/00/0000	Other Relative	General Neglect	Inconclusive
Child A	00/00/0000	Other Relative	General Neglect	Inconclusive

Referral Date:	05/05/2011	Referral Id #	0000-0000-0000-0000000	
	<u>Date Of</u>			<u>Allegation</u>
<u>Client Name</u>	<u>Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Disposition</u>
Child B	00/00/0000	Other Relative	Emotional Abuse	Substantiated
Child A	00/00/0000	Other Relative	Emotional Abuse	Substantiated

Referral Date: 09/06/2011		Referral Id # 0000-0000-0000-0000000		
<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Child B	00/00/0000	Mother's Name	General Neglect	Unfounded
		Mother's Name	Physical Abuse	Unfounded
Child A	00/00/0000	Mother's Name	General Neglect	Unfounded
		Mother's Name	Physical Abuse	Unfounded
Referral Date: 04/16/2013		Referral Id # 0000-0000-0000-0000000		
<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Child B	00/00/0000	Other Relative	General Neglect	Substantiated
Child A	00/00/0000	Other Relative	General Neglect	Substantiated
Referral Date: 04/17/2013		Referral Id # 0000-0000-0000-0000000		
<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Child A	00/00/0000	Mother's Name	General Neglect	Unfounded
Referral Date: 06/28/2013		Referral Id # 0000-0000-0000-0000000		
<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Child B	00/00/0000	Mother's Name	General Neglect	Substantiated
		Mother's Name	General Neglect	Substantiated
Child A	00/00/0000	Child B	Caretaker Absence/Incapacit y	Substantiated
		Mother's Name	Caretaker Absence/Incapacit y	Substantiated
		Mother's Name	General Neglect	Substantiated
Referral Date: 07/25/2013		Referral Id # 0000-0000-0000-0000000		
<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Child A	00/00/0000	Jane Doe	General Neglect	Unfounded
		Jane Doe	Physical Abuse	Inconclusive
Referral Date: 08/27/2013		Referral Id # 0000-0000-0000-0000000		
<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Child A	00/00/0000	Jane Doe	Sexual Abuse	

REFERRAL HISTORY - OTHER CHILDREN

Referral Date: **05/06/2000**

Referral Id # **0000-0000-0000-0000000**

<u>Perpetrator Name</u>	<u>Date Of Birth</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Mother's Name	00/00/0000	General Neglect	Unfounded

Additional Information

Provide a brief narrative of the outcome of investigations and cases involving the other biological children of the parents and the reasons these children are not part of this case plan, i.e. child is deceased, child is emancipated, child lives with another biological parent, etc.

PREVIOUS SOCIAL SERVICES

<u>Child(ren)'s Name</u>	<u>Service Component</u>	<u>Date Range</u>	
Child A	Emergency Response	07/18/2007	07/25/2007
	Family Maintenance	07/25/2007	01/14/2008
	Emergency Response	06/28/2013	06/28/2013
	Family Reunification	06/28/2013	
Child B	Family Maintenance	07/25/2007	01/14/2008
	Emergency Response	07/18/2007	07/25/2007
	Emergency Response	06/28/2013	06/28/2013
	Family Reunification	06/28/2013	

Narrative/Results of Previous Social Services

Record any previous child welfare services, including those provided by other counties, which include pre-placement preventive services and their results.

Clearly document the results of all Child Abuse Central Index (CACI) clearances and CWS/CMS database search result. If none, enter "no previous social services."

ASSESSMENT SECTION

Problems Requiring Intervention And Possible Causes

Mother's Name

Family does not have a safe home.

Description: Family has no permanent residence and moves between hotels, shelters, and living in parks/outdoor spaces.

Chronic family stress, conflict, or violence severely impedes child's sense of safety and security.

Description: Mother is in a domestic violence relationship.

Parent has no appropriate extended family/friend support.

Description: Extended family lives in another state.

Parent unable or unwilling to properly supervise or control child

Description: Mother abandoned the children at a shopping mall for several days in order to go and find her boyfriend.

Child A

Intervention Reason General Neglect-Parent is negligent in providing basic necessities for the

child.

Child is working below grade level.

Description: Child has no 8th grade records due to excessive absences.

Child's behavior threatens siblings.

Description: Child acts violently towards sibling.

Child is at risk due to extreme isolation by caretaker.

Description: Child does not go to school and is not allowed to leave mother's presence.

Child has engaged in delinquent behavior.

Description: Child often leaves mother's supervision without permission.

Family does not have a safe home.

Description: Family has no permanent residence and moves between hotels, shelters, and living in parks/outdoor spaces.

Child B

Intervention Reason General Neglect-Parent is negligent in providing basic necessities for the child.

Child is working below grade level.

Description: Child has no 8th grade records due to excessive absences.

Child's disability affects parents ability to cope.

Description: Child has learning disability and no associated services.

Family does not have a safe home.

Description: Family has no permanent residence and moves between hotels, shelters, and living in parks/outdoor spaces.

Relevant Social, Cultural, And Physical Factors

Record all child safety factors in the social, cultural, and physical environment which affect the child(ren).

- Describe in specific detail the safety and general welfare of each child, which shall include all psychological, mental health, behavioral and educational issues.
- Thoroughly discuss all reports from schools (including reports from pre-school/head start for toddlers enrolled in a pre-school setting), therapists and other service providers. Incorporate information obtained from these sources into the case plan.

Child Health/Medical Care Needs

Child A

Describe in specific detail the health of the child, including any health/medical issues recorded in the Health and Education Passport, and any psychotropic medication.

Child B

Describe in specific detail the health of the child, including any health/medical issues recorded in the Health and Education Passport, and any psychotropic medication.

Statement Of Family Strengths

Mother's Name

Good communication skills

Mother is articulate and presents well.

In the past, parent met child's needs

Parent raised child a significant time

Children have not previous history of out of home care.

Willingness to accept services

Mother has stated that she wants to participate in Family Reunification services.

Statement Of Family Strengths

Child A

Child shows age-appropriate development

Child shows comfort in parent's presence

Both children have strong attachment to mother.

Medical care adequate

The children have no medical issues and have had annual physical examinations.

Child B

Child shows age-appropriate development

Child shows comfort in parent's presence

Both children have strong attachment to mother.

Medical care adequate

The children have no medical issues and have had annual physical examinations.

Family's Perception Of Their Needs

Record statements from all family members regarding his or her needs as related to case plan goals.

Record statements verbatim whenever possible.

Known Criminal History

Clearly document the results of all JAI, CLETS, Child Abuse Central Index (CACI) clearances and CWS/CMS database searches.

- If a child is a dependent of the court and his or her parent is incarcerated, indicate where the parent is currently incarcerated, reason for incarceration and length of sentence.
- If the parent is detained or deported, list their current whereabouts and reason for their detention or deportation.
- If FR services are being provided document in detail any particular barrier, if any, to an incarcerated or institutionalized parent's access to court mandated services and the parent's ability to maintain contact with his/her child(ren).
- Document the parent's good faith efforts to maintain contact with their child(ren).

Child(ren)'s Safety In Home, Including The Need, If Any, For Removal

Discuss the child's safety in the home and the need, if any, for removal.

Reference whether or not the children are to remain home and under what conditions as specified in the TDM Safety Plan and if applicable, the SDM Safety Plan.

Circumstances Surrounding Severe Physical Abuse Of Child

For all cases, which meet WIC Section 300(e) criteria, i.e., severe sexual or physical abuse, document all relevant information, describe why reunification services would be detrimental to the child. If not applicable, enter "N/A."

Detrimental Impact Of Not Ordering Reunification Services

Document efforts made by CSW to reunify family, barriers encountered, and reasons why reunification would be detrimental to the safety and well-being of the child(ren).

Special Needs Of A Child Who Is A Parent

Document if a child is also a parent. Include all relevant data. Refer to Procedural Guide [0100-](#)

[510.40](#), Teen Parents in Foster Care. If not applicable, enter “N/A.”

Other

Document whether the family was offered participation in any specialized program such as Family Preservation and/or Family Support, Adoptions Promotion Support Services, Wraparound, etc.

Document whether or not a referral was or was not made.

- If a referral was made, document the services provided and the expected duration of each.

Determine if the child meets the juvenile court’s definition of a [special needs child](#).

- If so, document the condition(s).
- Insert the heading “Special Needs Child” and provide information as appropriate.

If not including in the Out of Home Care Information document, ensure that educational stability plan requirements are included here. See [ACL 12-70 \(December 7, 2012\)](#).

Evaluation

Summarize the reasons that justify the proposed case plan services, using all relevant information described above.

CASE PLAN PARTICIPANTS

PARENTS/GUARDIAN

<u>Name</u>	<u>Date Of Birth</u>	<u>Relationship</u>	<u>To</u>
Mother's Name	00/00/0000	Mother (Birth)	Child A
		Mother (Birth)	Child B

CHILD(REN)

<u>Name</u>	<u>Date Of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Court Number</u>
Child A	00/00/0000	14 y	F	CK00000
0000-0000-0000-00000000				
Child B	00/00/0000	13 y	M	CK00000

CASE PLAN GOAL

<u>Name</u>	<u>Case Plan Goal</u>	<u>Projected Completion Date</u>	<u>Projected Date For Termination Of Child Welfare Services</u>
Child A	Return Home	00/00/0000	00/00/0000
Child B	Return Home	00/00/0000	00/00/0000

Adequacy And Continued Appropriateness Of The Case Plan:

The Case Plan is appropriate for a child who has recently been detained and parents receiving Family Reunification services.

FAMILY ASSESSMENT UPDATE

Significant Changes:

Address the progress toward resolution of all substantiated allegations, including:

- Address parent's compliance with the case plan.
- Identify problems which were resolved and objectives achieved.
- Identify problems, which have not been resolved and document the reasons why.
- If FR services are being provided document in detail any particular barrier(s), if any, to an incarcerated or institutionalized parent's access to court mandated services and the parent's ability to maintain contact with his/her child(ren). Document the parent's good faith efforts to maintain contact with their child(ren).
- For NMDs, address if there has been any obstacles in meeting the EFC requirements and change in placement.

Current Condition Of Child(ren) And Family:

Include the following:

- State in detail how the child and family are doing.
- Thoroughly discuss reports from schools, therapists, or treatment programs.

- If a child is dependent of the court and his or her parent is incarcerated, indicate where the parent is currently incarcerated, reason for incarceration and length of sentence.
- If the parent is detained or deported, list their current whereabouts and reason for their detention or deportation.
 - If FR services are being provided document in detail any particular barrier, if any, to an incarcerated or institutionalized parent's access to court mandated services and the parent's ability to maintain contact with his/her child(ren).
 - Document the parent's good faith efforts to maintain contact with their child(ren).

Family's Perception Of Their Needs:

- Document the perceptions of the child(ren), parent(s)/legal guardian(s) or NMD.
- Describe in specific detail what each participant's opinion is regarding his or her needs as related to the case plan goals.

CASE PLAN SERVICE OBJECTIVES AND CLIENT RESPONSIBILITIES

Mother's Name

SERVICE OBJECTIVES

Projected Completion
Date

- | | |
|---|------------|
| 1. Obtain resources to meet the needs of your child(ren) and to provide a safe home. | 00/00/0000 |
| <u>Description</u> | |
| Mother will seek employment. | |
| 2. Attend and demonstrate progress in a County Certified Domestic Violence Prevention Plan. | 00/00/0000 |
| 3. You will comply with all orders of the court. | 00/00/0000 |
| 4. Maintain relationship with your child by following the conditions of the visitation plan. | 00/00/0000 |
| 5. Develop and use a specific domestic violence Relapse Prevention Plan for yourself. | 00/00/0000 |
| 6. Do not involve your child(ren) in attempts to control or intimidate your partner. | 00/00/0000 |

CLIENT RESPONSIBILITIES

<u>Activity</u>	<u>Times</u>	<u>Freq.</u>	<u>Completion</u>	<u>Provider</u>	<u>Wrap</u>
			<u>Date</u>		

Counseling/Mental Health Services

- | | | | | |
|----|---|--------|------------|--|
| 1. | Domestic Violence Program | Weekly | 00/00/0000 | |
| | <u>Description</u> | | | |
| | Mother will enroll in a Domestic Violence program for victims. | | | |
| 2. | General Counseling | Weekly | 00/00/0000 | |
| | <u>Description</u> | | | |
| | Mother will enroll in Individual Counseling to address case issues. | | | |

Education Services

- | | | |
|----|---|------------|
| 1. | Parenting Education Program
<u>Description</u>
Mother will enroll in a Court-approved Parenting program appropriate to the children's ages. | 00/00/0000 |
|----|---|------------|

Child A

SERVICE OBJECTIVES

Projected Completion Date

- | | | |
|----|--|------------|
| 1. | Attend school regularly. Any absences are to be excused. Only excused absences are acceptable. | 00/00/0000 |
| 2. | Abide by placement rules as agreed upon by your care provider, child welfare worker, and you. | 00/00/0000 |
| 3. | Cooperate with your child welfare worker and care provider to resolve problems. | 00/00/0000 |

CLIENT RESPONSIBILITIES

<u>Activity</u>	<u>Times</u>	<u>Freq.</u>	<u>Completion Date</u>	<u>Provider</u>	<u>Wrap</u>
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Counseling/Mental Health Services

- | | | |
|----|--|-------------------|
| 1. | General Counseling
<u>Description</u>
Both children will be enrolled in Individual Counseling. | Weekly 00/00/0000 |
|----|--|-------------------|

Health/CHDP Services

- | | | |
|----|--|------------|
| 1. | HEP - CHDP Equivalent
Physical Exam | 00/00/0000 |
| 2. | HEP - Periodic Dental Exam | 00/00/0000 |

Child B

SERVICE OBJECTIVES

Projected Completion Date

- | | | |
|----|--|------------|
| 1. | Attend school regularly. Any absences are to be excused. Only excused absences are acceptable. | 00/00/0000 |
| 2. | Abide by placement rules as agreed upon by your care provider, child welfare worker, and you. | 00/00/0000 |
| 3. | Cooperate with your child welfare worker and care provider to resolve problems. | 00/00/0000 |

CLIENT RESPONSIBILITIES

<u>Activity</u>	<u>Times</u>	<u>Freq.</u>	<u>Completion Date</u>	<u>Provider</u>	<u>Wrap</u>
-----------------	--------------	--------------	------------------------	-----------------	-------------

Counseling/Mental Health Services

- | | | |
|----|--|-------------------|
| 1. | General Counseling
<u>Description</u>
Both children will be enrolled in Individual Counseling. | Weekly 00/00/0000 |
|----|--|-------------------|

Health/CHDP Services

- | | | |
|----|--|------------|
| 1. | HEP - CHDP Equivalent
Physical Exam | 00/00/0000 |
| 2. | HEP - Periodic Dental Exam | 00/00/0000 |

VISITATION SCHEDULE

Update the fields for Child-Parent/Legal Guardian Visitation; Child-Sibling Visitation; and Child-Grandparents Visitation, including visitation occurrence and frequency.

CHILD(REN) - PARENT(S)/GUARDIAN(S) VISITATION

Child A , Child B , Mother's Name

Method

Times

Frequency

Beginning
Date

Provider

In-Person (Visits Must Be Supervised)

00/00/0000

STAFF PERSON

Description

DCFS will provide a monitor for weekly visits.

Describe the parent's behavior and participation, degree of involvement, body language, reaction to children's behavior, and other relevant observations during the visitation that would assist in the assessment of meeting case plan goals. Provide an assessment of the visits, including interactions between children and parents.

- If CSW was not present during visitation, record the name, telephone number, address and title/relationship to the child of the person(s) providing the visit information.
- If a parent is deported and is residing in Tijuana, see [FYI 10-02](#), Arranging Monitored Visits Between Dependent Children and their Parents Who Reside in Tijuana, Mexico through the Mexican Consulate Office.

CHILD(REN) – SIBLING(S) VISITATION

Include details of the Family Visitation Plan, which provides for ongoing and frequent interaction among the siblings. Refer to [0400-504.00](#), Family Visitation. Specify method (telephone, in person), frequency (weekly, monthly), number of times and beginning date.

CHILD(REN) – GRANDPARENT(S) VISITATION

Include details of the Family Visitation Plan, which requires a plan for visitation between a child and his/her grandparents when the child is receiving family reunification services and it is in the child's best interests. Refer to [0400-504.00](#), Family Visitation.

CHILD(REN) – OTHER VISITATION

Include details of visitation plans with any other relatives or non-related extended family members not included above. Specify method (telephone, in person), frequency (weekly, monthly), number of times and beginning date.

For NMDs and any child who is 10 years of age or older and who has been in out-of-

home placement for six months or longer, under Child(ren) – Other Visitation identify all individuals, other than the child’s siblings, who are important to the child.

- Document efforts that have been made to maintain the child’s relationship with those individuals, and if applicable, what steps are necessary to carry this out.
- If visits have taken place, describe the quantity and quality of those visits and how the child reacts to those visits.

AGENCY RESPONSIBILITIES

CASE MANAGEMENT SERVICES

1. Arrange Transportation

<u>For Whom</u>	<u>Beginning Date</u>	<u>Provider</u>	<u>Wrap</u>
Child A, Child B, Mother’s Name	10/04/2013	STAFF PERSON	

2. Perform Case Planning Activities

<u>For Whom</u>	<u>Beginning Date</u>	<u>Provider</u>	<u>Wrap</u>
Child A, Child B, Mother’s Name	10/04/2013		Yes

3. Refer for Tutoring

<u>For Whom</u>	<u>Beginning Date</u>	<u>Provider</u>	<u>Wrap</u>
Child A, Child B	10/04/2013	STAFF PERSON	

4. Case Planning w/Family

<u>For Whom</u>	<u>Beginning Date</u>	<u>Provider</u>	<u>Wrap</u>
Child A, Child B, Mother’s Name	10/04/2013		

CONCURRENT SERVICES PLANNING

Permanency Alternative / Concurrent Planning Goal

<u>For Whom</u>	<u>Concurrent Planning Goal</u>
<u>Child B</u>	Adoption With Sibling(s)
<u>Child A</u>	Adoption With Sibling(s)

CONTACT SCHEDULE

SOCIAL WORKER – CHILD CONTACTS

Child A , Child B

<u>Method</u>	<u>Times</u>	<u>Frequency</u>	<u>Beginning Date</u>	<u>Provider</u>
In-Person	1	Monthly	10/04/2013	STAFF PERSON

SOCIAL WORKER – PARENT(S)/GUARDIAN(S) CONTACTS

Include details of the CSW's contact schedule with any parent(s)/guardian(s) on the case plan. Refer to [0400-503.10](#), Contact Requirements and Exceptions.

SOCIAL WORKER – CARE PROVIDER CONTACTS

Include details of the CSW's contact schedule with the out-of-home care provider, if relevant. Refer to [0400-503.10](#), Contact Requirements and Exceptions. If there is no out-of-home care provider, write N/A.

OUT OF HOME CARE INFORMATION UPDATE

The Out of Home Care Information Update will only populate in the Case Plan Update if you created the document in CWS/CMS and selected it along with the Case Plan Family Assessment Update when creating *this* document in CWS/CMS. The Out of Home Care Information Update is not used in Case Plan Updates for Family Maintenance or Voluntary Family Maintenance cases.

CHILD INFORMATION

<u>Child's Name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>	<u>Social Security #</u>
Child A	00/00/0000	14 Y	F	000-00-0000

<u>Address</u>	<u>Telephone</u>
Confidential Address	

<u>Ethnicity</u>	<u>Religion</u>	<u>ICWA Eligibility</u>
Black*		Not Eligible

<u>Primary Language</u>	<u>Secondary Language</u>
--------------------------------	----------------------------------

English

<u>Type Of Facility</u>	<u>Name Of Care Provider</u>
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Group Home

Confidential Name

<u>School Name</u>	<u>School Address</u>	<u>Grade</u>
Name of School	Address of school	9

<u>Case Plan Goal</u>	<u>Case Id Number</u>	<u>Court Number</u>
Return Home	0000-0000-0000-0000000	CK00000

EDUCATION INFORMATION

Plan For Obtaining Missing Educational Records / Attempts To Acquire:

The child parent is the holder of the child education rights. (This statement may populate automatically.)

If you have been unable to obtain the child's educational records, document your efforts to do so here, including:

- The date you submitted the DCFS1726 Request for School Report;
- Details of follow-up telephone calls and faxes;
- The results of any referrals to the [DCFS Educational Consultant](#); and
- Results found in the [Student Information Tracking System \(SITS\)](#).

If not included in the Health and Education Passport, provide information about the following:

- The name and address of the child's school or education provider;
- Assurances that the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement;

- The number of school transfers the child has already experienced;
- The child's educational progress, including academic proficiency scores, credits earned toward graduation, and any other relevant information;
-

If records have been obtained and are included in the court report and/or Health and Education Passport, write 'N/A.'

Educational Needs Specific to this Child:

Include details of the child's current or prior Independent Education Program, including their current educational designation, i.e. Special Learning Disability. State whether or not the child is currently receiving tutoring services and, if so, the contact information for the service provider.

Parent(s)/Guardian(s) Limitations, If Any, Regarding Educational Decisions:

If you are making a recommendation to limit the educational rights of one or more of the parents, or there are circumstances indicating that such a recommendation may be warranted in the future, state the reasons and/or circumstances. Refer to [0700-500.10](#), Youth Development: Education; [0600-520.00](#), Collaborating with Regional Center to Provide Services to Children/Youth; and [0100-570.08](#), The Care of Children Placed in a Licensed Foster Home, Relative/Non-Relative Extended Family Members Home or Small Family Home.

Are Transitional Independent Living Services Appropriate?

☐ Yes ☐ No. If No, explain below.

☐ There are behavior/health issues that impact TILP plans and services.
Explain:

☐ Child refuses services.
Explain: Explain the circumstances surrounding the child's refusal to accept TILP services.

HEALTH INFORMATION

Plan For Obtaining Missing Health Information / Attempts To Acquire:

ALL HEALTH RECORDS ON FILE (This statement may populate automatically).

If you have been unable to obtain the child's medical and/or dental records, document your efforts to do so here, including:

- The date you submitted the DCFS 561(a) Medical Examination Form and/or DCFS 561(b) Dental Examination Form documents to medical service providers;
- Details of follow-up telephone calls and faxes;
- Details of any consultations with the DCFS Public Health Nurse and her/his efforts to obtain records.

If not included in the Health and Education Passport, provide information about the following:

- The names and addresses of the child's health and dental providers;

- A record of the child's immunizations and allergies, known medical problems, current medications, past health problems and hospitalizations;
- A record of the child's relevant mental health history, known mental health condition and medications, or any other relevant mental health, dental, and health information.

Medical Needs Specific To This Child:

Include details of any medical conditions requiring on-going treatment, a list of medications, and treatment plans.

CHDP OR ALTERNATIVE PREVENTIVE HEALTH SERVICES PLAN

Description:

Include the date of the last CHDP or CHDP-equivalent examination and the date the next examination is due.

PLACEMENT INFORMATION

Child's Statement Regarding Placement: *Quoted Or Paraphrased.*

The child has a right to make a brief statement to the court making a decision on placement. This right applies to initial placement, continued placement, and returning to parental custody. Where possible, use verbatim statements.

Social Worker's Evaluation Of Child's Response/Adjustment To Placement/Comments, Including The Continuing Necessity For And Appropriateness Of The Placement:

Summarize the child's response and adjustment to placement using all the relevant information described above. Evaluate whether the current placement remains appropriate. Include the following information:

- If efforts are being made to transition the child to a lower level of care, include a description of the type of home or institution in which the child is placed and the reasons for the placement;
- Details of any plans to transition the child to a less restrictive setting, including the projected timeline to transition. (This information must be documented clearly and updated at least every six months.)
- Consideration of in-state and out-of-state placements, the importance of developing and maintaining sibling relationships, and the desire and willingness of the caregiver to provide legal permanency for the child if reunification is unsuccessful (as discussed at the Team Decision-making Meeting (TDM)).

If you have created Out-of-Home Care Information documents for other children on the case plan, they will populate here. Follow the instructions above to complete each additional document.

ACKNOWLEDGMENT OF PARENT(S)/GUARDIAN(S)

IN SIGNING THIS CASE PLAN, I ACKNOWLEDGE THAT I:

- Participated in the case plan development.
- Agree to participate in the services outlined in this case plan.
- Received a copy of this case plan.
- **Understand that the preventive services set forth in this case plan are designed to allow my child(ren) to safely remain in my home and prevent the removal and placement of my child(ren) in foster care.**

For VFM Case Plans, copy and paste or type in this sentence.

SIGNATURE OF MOTHER/GUARDIAN

DATE

SIGNATURE OF FATHER/GUARDIAN

DATE

SIGNATURE OF OTHER

DATE

SIGNATURE OF OTHER

DATE

NON-SIGNATURE EXPLANATION

SIGNATURE OF INTERPRETER (1)

DATE

SIGNATURE OF INTERPRETER (2)

DATE

CSW's Name

SOCIAL WORKER

File no. – Last Name, Init.

Caseload

(000) 000-0000

Phone Number

DATE

SCSW's Name

SUPERVISOR

(000) 000-0000

Phone Number

DATE